

# CLAIMS ONLY

Application Number

10687551

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1.     |          |        |                       |        |                        |        |
| 2.     |          |        |                       |        |                        |        |
| 3.     |          |        |                       |        |                        |        |
| 4.     |          |        |                       |        |                        |        |
| 5.     |          |        |                       |        |                        |        |
| 6.     |          |        |                       |        |                        |        |
| 7.     |          |        |                       |        |                        |        |
| 8.     |          |        |                       |        |                        |        |
| 9.     |          |        |                       |        |                        |        |
| 10.    |          |        |                       |        |                        |        |
| 11.    |          |        |                       |        |                        |        |
| 12.    |          |        |                       |        |                        |        |
| 13.    |          |        |                       |        |                        |        |
| 14.    |          |        |                       |        |                        |        |
| 15.    |          |        |                       |        |                        |        |
| 16.    |          |        |                       |        |                        |        |
| 17.    |          |        |                       |        |                        |        |
| 18.    |          |        |                       |        |                        |        |
| 19.    |          |        |                       |        |                        |        |
| 20.    |          |        |                       |        |                        |        |
| 21.    |          |        |                       |        |                        |        |
| 22.    |          |        |                       |        |                        |        |
| 23.    |          |        |                       |        |                        |        |
| 24.    |          |        |                       |        |                        |        |
| 25.    |          |        |                       |        |                        |        |
| 26.    |          |        |                       |        |                        |        |
| 27.    |          |        |                       |        |                        |        |
| 28.    |          |        |                       |        |                        |        |
| 29.    |          |        |                       |        |                        |        |
| 30.    |          |        |                       |        |                        |        |
| 31.    |          |        |                       |        |                        |        |
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| 37.    |          |        |                       |        |                        |        |
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| 50.    |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Indep  |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Depend |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Claims |          |        |                       |        |                        |        |

|        |       |        |       |        |       |        |
|--------|-------|--------|-------|--------|-------|--------|
| 51     | Indep | Depend | Indep | Depend | Indep | Depend |
| 52     |       |        |       |        |       |        |
| 53     |       |        |       |        |       |        |
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| 99     |       |        |       |        |       |        |
| 100    |       |        |       |        |       |        |
| Total  |       |        |       |        |       |        |
| Indep  |       |        |       |        |       |        |
| Total  |       |        |       |        |       |        |
| Depend |       |        |       |        |       |        |
| Total  |       |        |       |        |       |        |
| Claims |       |        |       |        |       |        |